

EXHIBT 1

VH	UNIT 1	LAFAYETTE INVESTMENTS INC		Street or R.R.	104 WEST 40 HIGHWAY	CR	BATES CITY		State	MO	64011								
		Case 3:05-cv-00962-MHT-SRW Document 63-2 Filed 09/12/2006 Page 2 of 6		Address		Circumstances		Circumstances		Circumstances									
Vehicle		1 - Auto 2 - Sta. Wagon 3 - Pick Up 4 - Van 5 - Truck Tractor 6 - Other Truck 7 - Other 8 - Comm Bus 9 - School Bus 10 - Other Bus		11 - Moped 12 - M. Scooter 13 - Pedal Cycle 14 - Farm Mach. 15 - Thin 16 - Road Equip. 17 - Ridden Animal 18 - ATV 19 - Motorcycle 20 - Other		1 - Personal 2 - Driver Tmg. 3 - Construction 4 - Ambulance/ Paramedical 5 - Military 6 - Taxi 7 - Transport Prop 8 - Agriculture 9 - Wrecker/Tow		10 - Police 11 - Other Business 12 - Bus/Pass. Transport 13 - Fire Fighting 14 - Other		1 - None 2 - Explosive 3 - Gas 4 - Flam/Combust Liq. 5 - Flammable Solids 6 - Oxidizer/Peroxide 7 - Poison		1 - None 2 - Mobile Home 3 - Semi Trailer 4 - Utility Trailer 5 - Wheel Trailer 6 - Boat Trailer		7 - Camper Trailer 8 - Towed Vehicle 9 - Tanker 10 - Pole Trailer 11 - Double Trailer 12 - Other		7 - None 8 - Brakes 9 - Steering 10 - Tires 11 - Suspension 12 - Wheel 13 - Tires 14 - Exhaust 15 - Lights 16 - Turn Signal		1 - Windows 2 - Windshield 3 - Under Carriage 4 - Brakes 5 - Steering 6 - Tires 7 - Wheel 8 - Tires 9 - Coupling 10 - Cargo 11 - Fuel System 12 - Other 13 - Unknown	
Speed Limit		Est. Speed		Officer Offense Charged		Damage Severity		Oversize Load (Req Permit)		If Yes, Did Owner Have Permit?		Vehicle Towed Away?		Occupants in Unit		Vehicle Towed to			
70 MPH		70 MPH		NONE		1 - Non Visible 2 - Not Disabled		Yea <input checked="" type="checkbox"/> N <input type="checkbox"/>		Yea <input checked="" type="checkbox"/> N <input type="checkbox"/>		Yea <input checked="" type="checkbox"/> N <input type="checkbox"/>		1 - Non 2 - Not 3 - Unknown		1 - Non 2 - Not 3 - Unknown			
Vehicle Towed By Who:		THROWER'S WRECKER LOT																	
To Where:		THROWER'S WRECKER LOT TUSKEGEE AL																	
Driver Full Name		Street Address		City and State		Zip		Telephone No											
EDWARD NEAL THOMPSON		801-5TH AVENUE		GENEVA AL		36340		334 684-3945											
10 30 1962		Sex: M State: AL Driver License No.		Dl. Class: C Dl. State: C		List Restriction: Not Compelled C		List Endorsements: Not Compelled With: C		Restrictions Less Than 25 Miles: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
Month Day Year		W M AL		4657210		AMV C		C		C									
Place of Employment		FLORIDA TRANSFORMER		DEFUNIAK SPRINGS FL		Liability Insurance Co.		AIG		Social Security No									
Driver Condition:		1 - No Defect 2 - Apparently Alert 3 - Alert 4 - Impaired 5 - Impaired/Impaired		2 - Fatigued 3 - Other 4 - Impaired 5 - Impaired/Impaired		Sobriety Officer's Opinion:		Alcohol Drug: Yea <input checked="" type="checkbox"/> N <input type="checkbox"/> Wkt: Yea <input checked="" type="checkbox"/> N <input type="checkbox"/> Wkt: Given: Yea <input checked="" type="checkbox"/> N <input type="checkbox"/> Wkt: Type Test: Yea <input checked="" type="checkbox"/> N <input type="checkbox"/> No Test: Yea <input checked="" type="checkbox"/> N <input type="checkbox"/> Wkt: Breath Test: Yea <input checked="" type="checkbox"/> N <input type="checkbox"/> Wkt: Blood Test: Yea <input checked="" type="checkbox"/> N <input type="checkbox"/> Wkt: Urine Test: Yea <input checked="" type="checkbox"/> N <input type="checkbox"/> Wkt: Refused Test: Yea <input checked="" type="checkbox"/> N <input type="checkbox"/> Wkt: Administer: Yea <input checked="" type="checkbox"/> N <input type="checkbox"/> Wkt:		1 - Wheel Test 2 - Breath Test 3 - Blood Test 4 - Urine Test		5 - Refused Test: N/A							
Miscellaneous		01		Travel Road Name: I-85		Road Code: 1085		Travel Direction: E S W A - North U - South		Other Occupant Correspondence: 97		Where Name Event: 20		Event Loc: 1					
Veh Year		Make: PTRB		Model: N/A		Body: N/A		V.I.N.: 1XP5DB9X0SN376286		License Tag Number: A50 67P		State: FL		Year: 2005					
Owner's Name:		FLORIDA TRANSFORMER		Street or R.R.		PO BOX 507		CR		DEFUNIAK SPRINGS		State: FL		Year: 32435					
Vehicle		Type: 1 - Auto 2 - Sta. Wagon 3 - PICK UP 4 - Van 5 - Truck Tractor 6 - Other Truck 7 - Other 8 - Comm Bus 9 - School Bus 10 - Other Bus		Usage: 11 - Moped 12 - M. Scooter 13 - Pedal Cycle 14 - Farm Mach. 15 - Thin 16 - Road Equip. 17 - Ridden Animal 18 - ATV 19 - Motorcycle 20 - Other		Hazardous Cargo: 1 - None 2 - Explosive 3 - Gas 4 - Flam/Combust Liq. 5 - Flammable Solids 6 - Oxidizer/Peroxide 7 - Poison		Attachments: 1 - None 2 - Mobile Home 3 - Semi Trailer 4 - Utility Trailer 5 - Wheel Trailer 6 - Boat Trailer		Crash/Defect: 7 - Camper Trailer 8 - Towed Vehicle 9 - Tanker 10 - Pole Trailer 11 - Double Trailer 12 - Other		Crash/Defect: 13 - None 14 - Brakes 15 - Steering 16 - Tires 17 - Suspension 18 - Wheel 19 - Tires 20 - Coupling 21 - Cargo 22 - Fuel System 23 - Other 24 - Unknown		Circle areas Damaged On Diagram: 1 - None 2 - Under Carriage 3 - Brakes 4 - Windshield 5 - Windshield 6 - Under Carriage 7 - Brakes 8 - Windshield 9 - Under Carriage 10 - Windshield 11 - Under Carriage 12 - Brakes 13 - Windshield 14 - Under Carriage 15 - Windshield 16 - Under Carriage 17 - Brakes 18 - Windshield 19 - Under Carriage 20 - Windshield 21 - Under Carriage 22 - Brakes 23 - Windshield 24 - Under Carriage 25 - Windshield 26 - Under Carriage 27 - Driver Not in Control 28 - Lane Shift 29 - Pole/Cargo From Veh 30 - Ped Violation 31 - Veh Negligent/Legit 32 - Ped Under Influence 33 - Reg/Regulatory Violation 34 - Stop Sign Violation 35 - Change Lanes-Left 36 - Change Lanes-Right 37 - Merge-Left 38 - Merge-Right 39 - Wrong Side of Road 40 - Other					
Speed Limit		Est. Speed		Officer Offense Charged		Damage Severity:		Oversize Load (Req Permit): Yea <input checked="" type="checkbox"/> N <input type="checkbox"/> Wkt: <input checked="" type="checkbox"/>		If Yes, Did Owner Have Permit?: Yea <input checked="" type="checkbox"/> N <input type="checkbox"/> Wkt: <input checked="" type="checkbox"/>		Vehicle Towed Away?: Yea <input checked="" type="checkbox"/> N <input type="checkbox"/>		Occupants in Unit: 2		Vehicle Towed to: 1			
Vehicle Towed By Who:		THROWER'S WRECKER SERVICE																	
To Where:		THROWER'S WRECKER LOT TUSKEGEE AL																	
Crash/Collision Circumstances:		Driver Maneuvers:																	
01 - Improper Passing 02 - Improper Lane Change 03 - Improper Left Turn 04 - Improper Right Turn 05 - Improper Stop Sign 06 - Over Speed Limit 07 - Pedestrian/Person in Path 08 - Person in Vehicle 09 - Person in Vehicle 10 - Person in Vehicle 11 - Person in Vehicle 12 - Person in Vehicle 13 - Person in Vehicle 14 - Person in Vehicle 15 - Person in Vehicle 16 - Person in Vehicle 17 - Person in Vehicle 18 - Person in Vehicle 19 - Person in Vehicle 20 - Person in Vehicle 21 - Pedestrian in Road 22 - Pedestrian in Road 23 - Pedestrian in Road 24 - Pedestrian in Road 25 - Pedestrian in Road 26 - Pedestrian in Road 27 - Pedestrian in Road 28 - Pedestrian in Road 29 - Pedestrian in Road 30 - Pedestrian in Road 31 - Pedestrian in Road 32 - Pedestrian in Road 33 - Pedestrian in Road 34 - Pedestrian in Road 35 - Pedestrian in Road 36 - Pedestrian in Road 37 - Pedestrian in Road 38 - Pedestrian in Road 39 - Pedestrian in Road 40 - Pedestrian in Road 41 - Pedestrian in Road 42 - Pedestrian in Road 43 - 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	<p>Name of Investigating Officer: TROOPER ALEX F. HUNTER</p>				<p>Officer ID: 1109</p>				<p>Agency ORI: ALAST04300</p>				<p>Supervisor Reviewed</p>																																																															
	<p>Name of Other Investigating Officers at Scene: SGT. JAMES PATTERSON</p>				<p>Officer ID: 133</p>				<p>Agency ORI: ALAST0300</p>																																																																			
	<p>The data on this report reflects my best knowledge, opinions and beliefs concerning the accident, but no warrant is made as to the factual accuracy thereof.</p>																																																																											
	<p>Signature of Investigating Officer: <i>Alex F. Hunter</i> Date: 09-07-04</p>																																																																											

SUPPLEMENTAL SHEET

SUPPLEMENTAL SHEET		Com No.	Com Pos.	Agg Type	Age	Sex	Op tion	Rec Aid By
3	Name: <u>WILLIAM TIDWELL</u>	Address: <u>1204 PETTY ROAD WESTVILLE FL</u>	2	3	C	35	M	N A
	Taken to: <u>TALLASSEE COMMUNITY HOSPITAL TALLASSEE AL</u>	Taken by: <u>CARE AMBULANCE</u>						
4	Name: <u>N/A</u>	Address						
	Taken to	Taken by						
5	Name	Address						
	Taken to	Taken by						
6	Name	Address						
	Taken to	Taken by						
7	Name	Address						
	Taken to	Taken by						
8	Name	Address						
	Taken to	Taken by						
9	Name	Address						
	Taken to	Taken by						
10	Name	Address						
	Taken to	Taken by						
11	Name	Address						
	Taken to	Taken by						
12	Name	Address						
	Taken to	Taken by						

ADDITIONAL ACCIDENT VICTIMS

DESCRIBE WHAT HAPPENED (Refer to vehicles by number) UNIT 1 WAS TRAVELING NORTHBBOUND ON I-85

UNIT 1 LEFT THE LEFT SIDE OF THE ROADWAY, WENT DOWN AN EMBANKMENT, STRUCK A ROAD SIGN, STRUCK A DRAINAGE DITCH, WENT UP AN EMBANKMENT, CAME DOWN AN EMBANKMENT, STRUCK A DRAINAGE DITCH, WENT UP AN EMBANKMENT, OVERTURNED ON THE DRIVER'S SIDE, CAME BACK ONTO THE ROADWAY BLOCKING BOTH LANES OF NORTHBOUND I-85, AND IS STRUCK BY UNIT 2 TRAVELING NORTHBOUND ON I-85. AT THE TIME OF THE COLLISION DRIVER OF UNIT 2 ADVISED HE WAS UNABLE TO SEE UNIT 1 IN THE ROADWAY. INVESTIGATION REVEALED THAT AT THE TIME OF THE COLLISION DUE TO THE POSITIONING OF UNIT 1 UPON COMING BACK ONTO THE ROADWAY THE BOTTOM OF THE UNDERCARRIAGE WAS THE ONLY PART OF THE VEHICLE THAT COULD HAVE BEEN SEEN BY THE DRIVER OF UNIT 2. UNIT 1 WAS FURTHER TRANSPORTING TITANIUM DIOXIDE IN DRY BULK FORM. THERE WERE 22 PALLETS OF TITANIUM DIOXIDE R101-04 WITH A WEIGHT OF 2000 POUNDS EACH. THE FREIGHT WAS BEING DELIVERED TO THE STANDRIDGE COLOR CORPORATION IN SOCIAL CIRCLE GEORGIA. NONE OF THE MATERIAL WAS SPILLED NOR WERE ANY OF THE PACKAGES RUPTURED OR DAMAGED. THE MATERIAL REQUIRED PROPER HANDLING AND STORAGE DUE TO ITS POTENTIAL TO BECOME HAZARDOUS. ALL HANDLING AND STORAGE WAS DONE BY THROWER'S WRECKER SERVICE.

ADDITIONAL NARRATIVE SPACE

Truck/Bus Supplemental Sheet

Sheet 3 of 4 Sheets

General Instructions

Complete this form for each qualifying vehicle ONLY if the accident meets BOTH of the following criteria:

1. The accident involved a qualifying vehicle (truck with 6 or more tires or Haz/Mat placard, or a bus designed to carry 16 or more, including driver) and;
2. The accident resulted in at least one of the following: A. one or more fatalities B. one or more persons injured and taken from the scene for immediate medical attention, or C. one or more involved vehicles had to be towed from the scene as a result of disabling damage or had to receive assistance to leave.

Screening Information

Number of Qualifying Vehicles:

Trucks with 6 or more tires or Haz/Mat placard 2

Number of Persons:

Buses designed to carry 16 or more (including driver) _____

Sustaining fatal injuries 1

Transported for immediate medical treatment 2

Number of vehicles towed from scene due to damage or provided assistance 2

Vehicle Information

Gross Vehicle Weight Rating (GVWR)

A. Truck, tractor or bus	17000
B. Trailer or trailers (total)	55000
Total GVWR for unit (A+B)	72000

Hazardous Material Involvement

Did vehicle have a Haz/Mat placard Yes No

If Yes, include following information from placard

A. Name or 4-digit number from diamond or box NA

B. The 1-digit number from bottom of diamond NA

Total number of axles 5

Was hazardous material released from THIS vehicle's cargo? Yes No

Vehicle Configuration (circle one number)

1. Bus	2. Single unit truck (2 axles/ 6 or more tires)	3. Single unit truck (3 or more axles)	
4. Truck with trailer	5. Truck tractor only (bobtail)	6. Tractor with semi-trailer	7. Tractor with double trailers
8. Tractor with triple trailers	9. Unknown class heavy truck	10. Any other 4-axled vehicle	

Cargo Body Type (circle one number)

1. Bus	2. Van/enclosed box	3. Cargo tank	4. Flatbed	5. Dump
6. Concrete mixer	7. Auto transporter	8. Garbage/ refuse	9. Other	

Motor Carrier Information

NOTE: If NOT a motor carrier, enter NONE under Carrier Name, 0 for None under Carrier Identification Numbers, and go to Sequence Of Events Section

Carrier Name FLORIDA TRANSFORMER

Source (circle one number) 1. Vehicle side 2. Shipping papers 3. Driver 4. Other

Carrier mailing address (Street or P.O. Box) PO BOX 507

City, State, Zip DEFUNIAK SPRINGS FLORIDA 32435

Carrier Identification Numbers (None = 0)

US DOT 160401 ICC MC STATE NO. STATE

/ Sequence of Events

Note: for THIS vehicle - list up to four Event #1 10 Event #2 Event #3 Event #4

EVENT CODES	Non-Collision	1. Ran off road	2. Jackknife	3. Overturned (rollover)	4. Downhill runaway
		5. Cargo loss or shift	6. Explosion or fire	7. Separation of units	8. Other non-collision
	Collision With	9. Pedestrian	10. Non-parked vehicle	11. Parked vehicle	12. Train
		13. Pedalcycle	14. Animal	15. Fixed object	16. Other object

Signature of Reporting Officer

Alex S. Hunter

Officer ID

1109

Reporting Police Agency ORJ

ALAST4300

Date

09-02-2004

Time

3:25



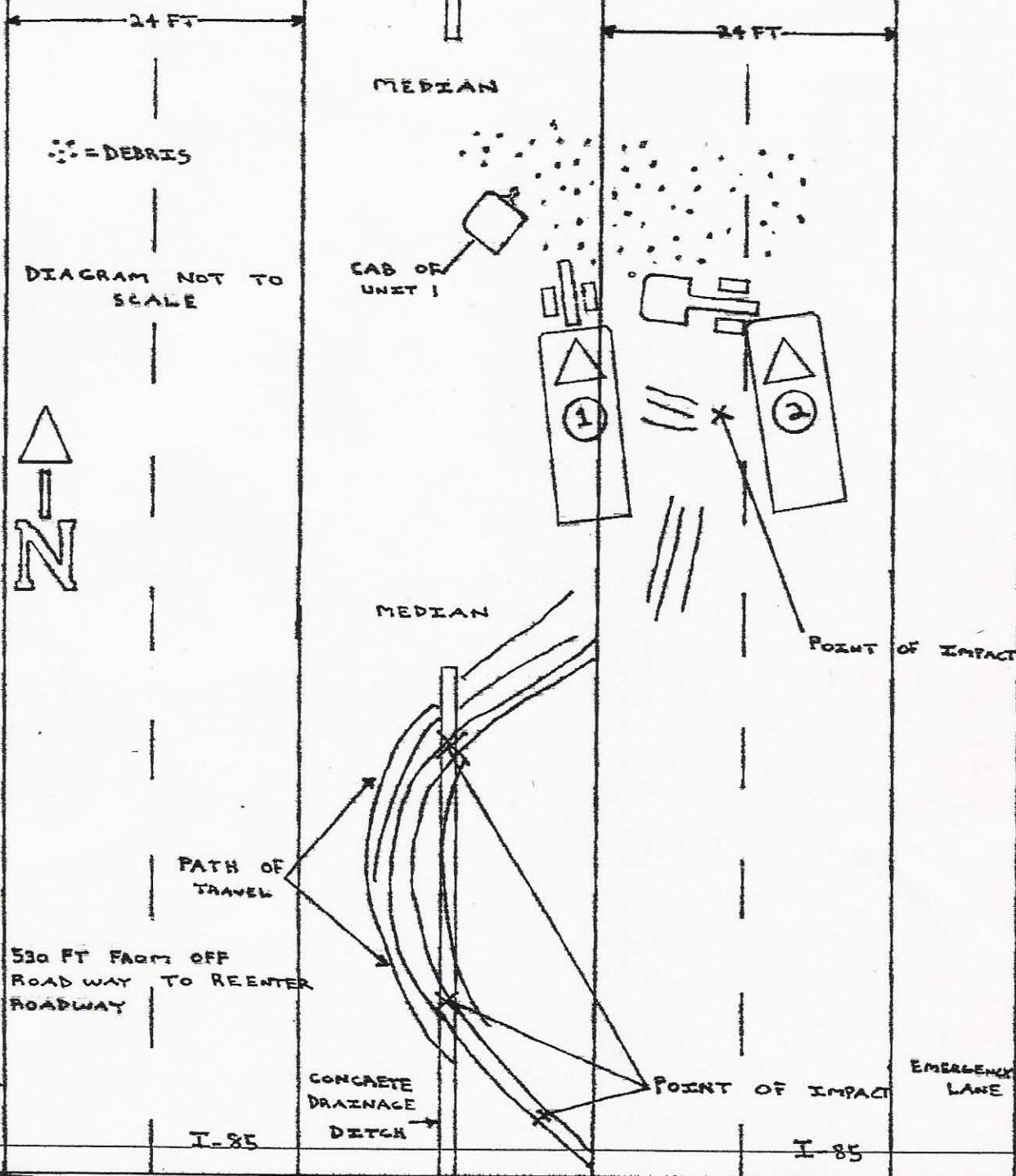


Diagram Not to Scale

Diagram Scale 1 inch

(10 feet)
(20 feet)

Location

MACON COUNTY

Time

3:25

A.M.
P.M.
NET

Signature of Reporting Officer

Alex S. Huntley

Officer ID

1109

Reporting Police Agency ORU

ALAST4300

Month
09

DATE
02

Day
Year
2004